



**Maine Criminal Justice Academy
Department of Public Safety
15 Oak Grove Road, Vassalboro, Maine 04989
Telephone (207) 877-8000**

MEDICAL CERTIFICATE

LAW ENFORCEMENT PRE-SERVICE TRAINING PROGRAM

NAME: _____
(last) (first) (MI) (date of birth)

ADDRESS: _____

DEPARTMENT: _____

Dear Examining Physician:

The person named above is being considered for enrollment in the Law Enforcement Pre-Service Training Program. Laws providing for compensation for injuries make it imperative that this certificate be accurate and complete. This medical certificate will be used to decide whether the person under consideration is physically qualified for admission to the Law Enforcement Pre-Service Training Program. Failure to report your findings in the examination might cause this individual great inconvenience.

The physical activities in the Law Enforcement Pre-Service Training Program include running about 100 yards and firing a weapon, warm up exercises and defensive tactics instruction.

The fee for your examination will be paid for by the individual or the department for whom he/she works.

Electrocardiogram, chest x-ray and blood tests are not necessary unless your examination indicates such tests are necessary or desirable.

Please complete the following:

The examinee ☐ is ☐ is not qualified to participate in the above described physical training.

NOTE: If your answer is in the negative, please explain: _____

Thank you.

(date)

(signature of Physician)

(printed name of Physician)